ASAP OUTPATIENT ADMINISTRATIVE SUMMARY

For use of this form, see AR 40-66; the proponent agency is OTSG

EVENT	DATE *(YYYYMMDD)*	EVENT	DATE *(YYYYMMDD)*
Referral		1st CPR	
Reason: Alcohol Drugs		2nd CPR	
Type: CDR Self A/I Bio MED		3rd CPR	
Screening		4th CPR	
Enrollment: Education/Outpatient/Inpatient/ None		Change of Track	
Administrative Review		Synopsis Letter	
Quality Assurance Review		Discharge Summary	
Consent Form Signed		Disenrollment	

BIOCHEMICAL TESTING

Recommended Urinalysis Testing _____ x month. ADC notified on _____

DATE *(YYYYMMDD)*	CODE	PRE-SCREEN	LAB RESULTS	DATE *(YYYYMMDD)*	CODE	PRE-SCREEN	LAB RESULTS

PATIENT IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):*

SUMMARY OF OUTPATIENT REHABILITATION EFFORTS

DATE *(YYYYMMDD)*	TYPE	KEPT	DATE *(YYYYMMDD)*	TYPE	KEPT	DATE *(YYYYMMDD)*	TYPE	KEPT	DATE *(YYYYMMDD)*	TYPE	KEPT

Type Code

S = Screening
D = CMD Consult
A = Clinical Audit
I = Individual
R = RTM
C = Collateral
G = Group
T = Testing
F = Family
M = MFR

ADDITIONAL CLINICAL TREATMENT

EVENT	DATE *(YYYYMMDD)*	EVENT	DATE *(YYYYMMDD)*
Drug & Alcohol Education		Inpatient	
Medical Evaluation		Antabuse	
Detox		Case Staffing	